

McLaren Print System Order

Order No: 79607
Order Date: 2023-09-25
User: Abby Gucwa
Phone: 989-269-9521

Ship Location: MCLAREN THUMB REGION
1100 S VAN DYKE RD
BAD AXE, MI 48413,

Forms

Quantity: 100
Paragon Dept No: TH10000
Dept Name: GIFT SHOP
Company Number: 530

Order Total Price: 56.45

Item Number: MTR-07
Item Description: AUTHORIZATION FOR PAYROLL DEDUCTION
Revision Date: 4/2019
Print: 1 sided black and white
Paper: 3 Part (White, Yellow, Pink)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Poster:
Misc Info: SS; BLACK; 3 PART



AUTHORIZATION FOR PAYROLL DEDUCTION

I DO HEREBY AUTHORIZE THE AMOUNT SHOWN BELOW (maximum \$200.00) TO BE DEDUCTED FROM MY PAYCHECK OVER THE NEXT _____ (maximum of 6) PAY PERIODS. UNTIL THE TOTAL AMOUNT HAS BEEN REPAID TO THE MEDICAL CENTER. I UNDERSTAND THAT SHOULD I TERMINATE MY EMPLOYMENT WITH THE MEDICAL CENTER BEFORE THE TOTAL HAS BEEN DEDUCTED, THE BALANCE WILL BE DEDUCTED FROM MY FINAL PAYCHECK.

Gift Shop Book Fair Uniform Sale
 Charitable Giving Other

Employee Name (Please print) _____

Employee Signature _____

Employee Number (must have) _____

Sub Total _____

Tax _____

Date _____ Clerk's Initials _____ Total Purchase _____

(Deduction will begin with the first paycheck received after the week this authorization is signed.)

Original: Accounting
Copy: Auditing/Community Relations
Copy: Customer

FOR PAYROLL USE ONLY: _____ CODE: _____

SS: _____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Spec Info: